

FILED FEB 23 1949

STANDARD CERTIFICATE OF DEATH

State File No.

6290

1312

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis Mo.</b>		c. LENGTH OF STAY (In this place) <b>86 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		d. STREET ADDRESS (If rural, give location) <b>3951 No 21st St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3951 No 21st St.</b>				d. STREET ADDRESS (If rural, give location) <b>3951 No 21st St.</b>			
3. NAME OF DECEASED (Type or Print) <b>Albert E. Hogan</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 10 1949</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Feb 7 1863</b>	
9. AGE (In years last birthday) <b>86</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shipping Clerk</b>		11. BIRTHPLACE (State or foreign country) <b>St Louis Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>0</b>	
13a. FATHER'S NAME <b>John Hogan</b>		13b. MOTHER'S MAIDEN NAME <b>Liza Dawson</b>		14. NAME OF HUSBAND OR WIFE <b>Margaret Hogan</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Geo T. Hogan 3951 No 21st St.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial degeneration</b> ANTECEDENT CAUSES DUE TO (b) <b>Arterio-sclerosis</b> DUE TO (c) <b>Semility</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Mon.</b> , 1948, to <b>Feb.</b> , 1949, that I last saw the deceased alive on <b>Feb 9, 1949</b> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Hallie O. Morrell M.D.</b>				23b. ADDRESS <b>3625 Fair Ave</b>		23c. DATE SIGNED <b>2/10/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2/14/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis MO</b>	
DATE REC'D BY LOCAL REG. <b>FEB 11 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Karater</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wm G Morrell 4112 St Louis Ave</b>			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

8-6-28

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~ me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ray W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.